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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/583,241
	Filing Date	June 15, 2006
	First Named Inventor	Awbrey, Jerry R.
	Art Unit	4159
	Examiner Name	Michael E. Hagedorn
Total Number of Pages in This Submission	Attorney Docket Number	IDI-8-PCT-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	J. Bennett Mullinax, LLC		
Signature			
Printed name	J. Bennett Mullinax		
Date	January 5, 2009	Reg. No.	36221

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Peggy S. Baker	Date	January 5, 2009

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PATENT

ATTORNEY DOCKET NO.: IDI-8-PCT-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jerry R. Awbrey)	Examiner: Michael E. Hagedorn
S/N: 10/583,241)	Art Unit: 4159
Filed: 06/15/2006)	Conf. No.: 8251
Title: An Inverted Dispensing System)	
and Apparatus)	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated December 3, 2008, Applicant elects without traverse species I, directed to Figures 1-8. Applicant acknowledges that currently claim 32 is generic.

Further, Applicant respectfully submits that claims 21-32 currently encompass the elected species.


Applicant notes that for allowance of a generic claim, currently claim 32, Applicant will be entitled to consideration of claims to additional species which depend from or otherwise require all the limitations of an allowable generic claim.

Applicant respectfully submits that all pending claims are presently in condition for examination. The Examiner is invited to contact the undersigned to discuss any minor issue which remains following consideration of Applicant's response to the Election Requirement.

Please charge any fees that may be required to Deposit Account 50-3172.

Respectfully submitted,

J. BENNETT MULLINAX, LLC


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